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CLAIMS ONLY							Application Number 10/605,976		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

282

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 101602970
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
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